



BOARD FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS

Mailing Address: P. O. Box 349002, Sacramento, CA 95834-9002
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 www.dca.ca.gov/pels



APPLICATION FOR APPOINTMENT TO TECHNICAL ADVISORY COMMITTEE BRANCH: _____

Attach a RESUME summarizing your experience and other qualifications, including chronological employment history, education, etc.

For Office Use Only

Date Rec'd: _____

Staff Reviewer: _____ / _____
Initial DateBd. Mem. Reviewer: _____ / _____
Initial Date

Date Appointed: _____

1.	Last Name: _____ First: _____ Middle: _____			
2.	Street Address: _____		City: _____	State _____ Zip: _____
3.	Telephone Home: _____		Work: _____	extension: _____
4.	LIST BRANCHES OF ENGINEERING OR LAND SURVEYING IN WHICH YOU HOLD A VALID LICENSE IN CALIFORNIA			
	Branch	License Number	Date Issued	Expiration Date
a.				
b.				
c.				
5.	List specific areas of technical expertise (e.g., HVAC design, structural design, toxics, boundary surveying): _____			
6.	List two non-family references who have personal knowledge of your experience and qualifications as stated herein.			
	Name	Address	Telephone No.	Professional Relationship
(1)				
(2)				
7.	Are any of your licenses currently restricted in any manner? (e.g., suspended, probation, etc.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Have you ever had a professional license suspended or revoked in any state? If YES, please explain fully on another sheet and attach.			Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Have you ever been convicted of a criminal offense (felony or misdemeanor) or entered a plea of nolo contendere (Convictions dismissed under Section 1203.4 of the Penal Code MUST be disclosed. Minor traffic violations resulting in a fine of \$150 or less do not need to be disclosed)? If answer is YES, explain fully on another sheet and attach.			Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Are you subject to pending disciplinary action in any state? If answer is YES, please explain fully on another sheet and attach.			Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Please list any professional group, affiliation or association to which you belong. Indicate any past or current positions or offices held in each listed. _____ _____ _____			
12.	I certify under penalty of perjury under the laws of the State of California that the information on this application as well as any other attachments included herewith is true and correct to the best of my knowledge. Signature of Applicant: _____ Date: _____			

NOTICE: Each individual has the right to review the files or records maintained on them by the agency unless the records are exempt under Section 1798.40 of the Information Practices Act.